In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT P.O. Box 7035 Indianapolis, IN 46207-7035

Generator's Phone    1. Generator's Phone    2. Transporter 1 Company Name    3. Use EPA ID Number    4. C. State Transporter's ID    5. Transporter's Phone    6. Use EPA ID Number    7. Transporter's Phone    8. Use EPA ID Number    8. Use EPA ID Number    8. State Transporter's ID    9. Designated Facility Name and Site Address    10. Use EPA ID Number    11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)    12. Containers    13. In    14. Facility's Phone    13. In    14. Facility's Phone    15. Special Handling Instructions and Additional Information    16. Use EPA ID Number    17. Special Handling Instructions and Additional Information    17. Special Handling Instructions and Additional Information    18. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accur.    48. Facility and accur.    48. Facility Phone    19. Special Handling Instructions and Additional Information    19. Special Handling Instructions and Additional		B. Generator's Name and Mailing Address				IN	Δ Ω 3 7		
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MANIFEST DOCUMENT NUMBER

PO 4 23163-570

SHIPPER NUMBER

LANDGERS MONTE TENERIT CARRIER NUMBER **IDENTIFICATION** DATE SHIPPED OR RECEIVED 12 DIGIT EPA ID COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER LANDGREET MOICE PLANSIT 714 771-1075 GENERATOR/ SHIPPER 141:4631.731 TRANSPORTER # 1 INDOUTED 18.4 SK 130 VALLARMING IN 4638 TRANSPORTER # 2 (if required) AMERICAN CHENICAL SERVICE 211 474 4570 TSDF TREATMENT STORAGE OR DISinderby to this USE S COLEAR AVE CRIFFITH IN UC319 POSAL FACILITY TSDF TREATMENT STORAGE OR DIS— POSAL FACILITY **WASTE INFORMATION** EPA HAZ WASTE ID # NO. OF UNITS & CONTAINER TYPE CHARGES EXEMPTION OR NO LABELS REQUIRED FLASH POINT (IN °C) WHEN REQ'D DESCRIPTION AND CLASSIFICATION (For Carrier Use Only) HM RATE (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 NA # · 1.4ME / 111 1.93 1 .... 53 4 - 1 a waterway or adjoining land, the incident the Federal government at 1-800-424-8802 (toll all). If other DOT Hazardous Materials are discharged dation, call shipper's telephone number or Chemirec SPECIAL HANDLING INSTRUCTIONS COMMENTS PLACARDS TENDERED No 🗆 On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1 C.O.D. FEE: PREPAID | COLLECT | C.O.D. TO: COD Amt: \$ Subject to Section 7 of the conditions, if this shipment is to be delibe consignee without recourse on the consignor, the consignor shall following statement.

The carrier shall not make delivery of this shipment without payreight and all other lawful charges. TOTAL CHARGES: "If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." FREIGHT CHARGES FREIGHT PREPAID except when box at right is checked (Signature of Consignor) any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract ession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all of CERTIFICATION

that the above-named materials are	e properly
ed, packaged, marked and labeled,	
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Department of Transportation and the tion Agency	ie U.S. En
Department of Transportation and th	

This is to certify, acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE
This is to certify acceptance of the hazardous waste for treatment,
--storage or disposal.

-storage or disposal

TSDF SIGNATURE

DATE

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STYLE F-50 © LABELMASTER CHICAGO, IL 60626

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vironmental Protection Agency

GENERATOR'S SIGNATURE

TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (if required)
This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

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re required to state specifi	rty	*If the shipment moves between two a carrier by water, the law requires to	that the	the consigner	e without recourse o	ditions, if this shipmer in the consignor, the co	nsignor shall sign the	CHARGES:	s
e required to state specifically in writing the agreed or a carrier by water, the law requires that the bill of lading shall state whether it is		bill of lading shall state whethe "carrier's or shipper's weight."	er it is	freight and al	shall not make de Il other lawful charg	livery of this shipmen es	without payment o	FREIGHT PREPAID	CHARGES Check box if cha
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TO 125 F. 7-63 GRU/ TSDF COPY

#### HAZARDOUS WASTE MANIFEST MANIFEST DOCUMENT NUMBER SHIPPER NUMBER NAME OF CARRIER (SCAC) CARRIER NUMBER **IDENTIFICATION** COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER DATE SHIPPED OR RECEIVED -12 DIGIT EPA ID # . s: GENERATOR! ( Fraisit TRANSPORTER # 1 TRANSPORTER # 2 (if required) TSDF TREATMENT POSAL FACILITY TSDFJREATMENT STORAGE OR DIS— POSAL FACILITY WASTE INFORMATION EPA HAZ. WASTE ID # NO. OF UNITS CONTAINER TYPE DESCRIPTION AND CLASSIFICATION EXEMPTION OR NO LABELS REQUIRED CHARGES FLASH POINT (IN °C) WHEN REQ'D TOTAL UNITS (For Carrier Use Only) HM (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 no If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toil free) or 202-426-2675 (toil call). If other DQT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately. SPECIAL HANDLING INSTRUCTIONS COMMENTS PLACARDS TENDERED Yes No 🗆 On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1 C.O.D. FEE: PREPAID | COLLECT | REMIT C.O.D. TO: ADDRESS COD . Amt: \$ Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without fectourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of reight and all other lawful charges. TOTAL CHARGES: "Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding. "If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." FREIGHT CHARGES FREIGHT PREPAID AECEIVED, subject to the classifications and fariffs in effect on the dark of the issue of this Bill of Lading, the property described above in apparent good order, except as nietd (contents and condition) of contents of sackages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or anyol, saideroperty over all or any portion of said route to destination and as to each party at any firme interested in all originy said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shement. Shipper her by certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. CERTIFICATION This is to certify that the above-named materials are properly This is to certify acceptance of the hazardous waste shipment. classified, described, packaged, marked and labeled, and are in 11. proper condition for transportation according to the applicable TRANSPORTER #2 SIGNATURE & DATE (if required) TRANSPORTER #1 SIGNATURE & DATE regulations of the Department of Transportation and the U.S. En-This is to certify acceptance of the hazardous waste for treatment, vironmental Protection Agency storage or disposal.

DATE

TSDF COPY

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

GENERATOR'S SIGNATURE

Unload at dock 11/24/81 6RH TO 125 TK T-63 6RM 11/25/87

		STE MANIFEST					1		
						MANIFE	EST DOCUMENT	NUMBER	R
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PECIAL HANDL	ING INSTRUCTIONS			free) o	r 202-426-2675 (to	irted to the Fed	vaterway or adjoining deral government at DOT Hazardous Mate ipper's telephone n	1-800-424	4-8802 (to
COMMENTS	very" shipments, the let	ters "COD" must appear before consign	nee's name or				PLACAR Yes	DS TE	NDER
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classified, desc proper conditio regulations of t	cribed, packaged, main for transportation	arked and labeled, and are in according to the applicable	ANSPORTER #		ATE TRANS	SPORTER #2 SI	te shipment.  GNATURE & DATE waste for treat		
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TSDF COPY

TO 120 RT-63 6RAY 6.3.83

	CHEMINE STATE				<b>建设区域</b>
THIS MEMORANDUM Is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor		МА	NIFES	T DOCUM	ENT NUMBER
a copy or duplicate, covering the property named herein, and is intended solely for filing or record.			工	1	
Ed + Lab = 2-416961					
TO:	FROM:			000	0715565
T/S/D/F // Lange to the second form	Generator L.		t.L (	$C_{i} + C_{i}$	4.
E.P.A. ID Code No. ZAD PROJECT STATE	Address 11		÷ 2-	01133	63. 46.
Destination (SILFE, TR. T.N.) Phone 219 1129 1270	Origin :	11		-11 76-13	
No. + Inches Control of Control o	The second second	Haz Mat.	· EPA · Haz.Waste		LABELS REQUIRED
Units	mmatle	I.D. No.	No.		(or Exemption No.)
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			7/17.	77.	<b>等的42</b> 0%
THE STATE OF THE S			1/1/4		
					1.
PLACARDS REQUIRED TO THE TOTAL TO SEE	4): 1 =f _				
the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding  Per  Ict on the date of the issue of this Bill of Ladicated above which said carrier (the word carrivery at said destination, if on its route, otherw to destination and as to each party at any time attorn on the date of shipment, if lading terms and conditions in the governing the said of the issue of this Bill of Ladicated above which said carrier (the word carrivery at said destination, if on its route, otherwise).	ng, the property described above or being understood throughout it se to deliver to another carrier interested in all or any said pro	on the route to operty, that eve	meaning any said destinating service to	person or corporation. It is mutually be performed hereur	on in possession of the property agreed as to each confer of sil nder shall be subject to all the
f lading terms and conditions in the governing	50A-5				
T/ E. Ac De	CONTACT N	ame			CHMATION
E. CONTROLOS		TOTIE	. 1	*, • 1 1	1-800-424-8802
De	National Resp		enter	in D.	
This is to certify that the above named materials are properly classifit for transportation according to the applicable regulations of the Dep	ed, described, packa	iged, mar			
Generator Signature					
TRANSPORTER #1 OTH FROM TOUR	21 14 14		E.P.A. I	D No	19-1973
Address City / / / / / / / / / / / / / / / / / / /	State	Zip	•	Phone	
Transporter No. 1 This is to certify acceptance of			ment.		
Signature	ro see		Date	// -	- 19 - 1973
TRANSPORTER #2			E.P.A.	D No	
City	State	Zip		Phone_	
Transporter No. 2 Signature	the hazardous wa	aste ship	oment. Date		
TREATMENT/STORAGE/DISPOSAL/FACILITY	Lin	as a	たり	4.276	11-19
T/S/D/F This/is to certify acceptance of the hazar	dous waste for tre	atment,	storage,	or disposi	al.
Signature TT Allerance		No. 10 August 194	Date_	1//	101

T/S/D/F COPY

RONMENTAL MANAGEMENT

Detween
Famco
0018092
and
Fastener Coating
0018090

Division of Land Pollution Control - Manifest Indiana State Board of Health

DO NOT WRITE IN THIS SPACE P.O. Box 7035 Indianapolis, IN 46207-7035

lease print or type. (Form designed for use on elite (				ed OMB No	1		
ONIT ON TIALANDOOS	US EPA ID No.		ment No.	2. Page 1 of			shaded areas
WASTE MANIFEST	1-11/11 5614	1	1 V 1	. /	is not re	equired by	Federal law
3. Generator's Name		1.121		A. State Ma	nifest Docu	ument Nur	nber .
Same Land to the State of State	121 16 47			IN U	19/	85	torres
	457-3131			11226	THE PRINCE	edinie;	16113 (5
5. Transporter 1 Company Name	6. US EPA ID Number	4.54	4	C. State Tra	nsporters	ID	
7. Transporter 2 Company Name	8. US EPA ID Number	1/1/-	1/12	D. Transpor			-8440
9. Designated Facility Name and Site Address	等自由的的 b.	611	365	F. Transpor	ter's Phone	0 M 42	
9. Designated Facility Name and Site Address	10. US EPA ID Number		13	G. State Fa			A STATE OF THE STA
plane - and Chemist &	proeis maged for wa	-	1502 11	H. Facility's			+ Team
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11. US DOT Description (Including Proper Shipping Name, Haza	rd Class, and ID Number)	12. Cont		Total	-	Unit	Waste No.
			Туре	Quantity		Wt/Vol	
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<ol> <li>GENERATOR'S CERTIFICATION: I hereby declare that the classified, packed, marked, and labeled, and are in all respigovernment regulations.</li> </ol>							
Unless I am a small quantity generator who has been ex							
Section 3002(b) of RCRA, I also certify that I have a program economically practicable and I have selected the method of transparence.							
human health and the environment.  Printed/Typed Name	Signature '		, ,			Month	. Day Yea
and the Contract of	1 / 1 /	1 1	1	2-1		3 1	国门省
17. Transporter Acknowledgement of Receipt of Materials	Signature	1		1			Date
Printed/Typed Name  THIES EMTE	Signature	-	-	-		Month ?	B Day Yea
18. Transporter 2 Acknowledgement of Receipt of Materials							Date
Printed/Typed Name	Signature					Month	Day Yea
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazard	ous materials covered by this ma	anifest exce	ept as noted	Item 19.			

EPA Form 8700-22A (Rev. 11-85)

T.S.D. DETACH AND RETAIN THIS COPY

UHWM 2/LP2 MRK 14-12512 76312 012441

O:  /S/D FACILITY  P.A. ID Code No.  ddress estination  D.O.T. PROPER SHIPPING NAME  H/  White  H/  DODA TO THE PROPER SHIPPING NAME  H/  H/  H/  H/  H/  H/  H/  H/  H/  H	FROM: Generator E.P.A. ID	Code No.	2756 - Co	1 / 2		
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s Per  It on the date of the issue of this Bill of leaf above which said carrier (the word very at said destination, if on its route, to destination and as to each party at any tation on the date of shipment.  It lading terms and conditions in the gove	carrier being understood thro otherwise to deliver to anothe y time interested in all or any	oughout this contract as or carrier on the route to y said property, that ev	ood order, except as meaning any perso said destination. bry service to be pe	n or corporation in po it is mutually agreed formed hereunder sha	as to each carrier of all be subject to all	of all
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	TIFICATION	<b>ESALUR</b>	PARTIE O	BEEN HA		
This is to certify that the above named materials are properly class for transportation according to the applicable regulations of the De	epartment of Trans	packaged, mar sportation and t	he E.P.A.	eled, and are	in proper co	nditio
Generator / //// //// //// //// //// //// ////	211	,	Date	4.1.1		
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Dity	State	Zip_	2 14	_Phone		, .,
This is to certify acceptance						
Signature			Date	7	- 5	
TRANSPORTER #2			E.P.A. ID	No		
AddressCity	State	Zip		_Phone		
Transporter No. 2			pment.			
Signature			Date			
TREATMENT/STORAGE/DISPOSAL FACILITY						
This is to certify acceptance of the he				1	. 1	

THIS MEMORANDUM is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor	MANIFEST DOCUMENT NUMBER
a copy or duplicate, covering the property named herein, and is intended solely for filing or record.	
TO:	FROM:
T/S/D FACILITY	Generator
E.P.A. ID Code No.	E.P.A. ID Code No.
Address	Address .
Destination	Origin
Phone which was a second of the second of th	Phone EPA LARSES BEQUIDE
Shipping D.O.T. PROPER SHIPPING NAME HAZA	RD CLASS 6 Haz Mat. Haz Waste WEIGHT LABELS REQUIRED No. No.
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NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$Per	the consequer, the classifier shell sign the following statement: The correct shell not make delivery of the a shipment without payment of freight and all other lowful charges  (Signature of Consigner)
packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrie under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherw or any of, said property over all or any portion of said route to destination and as to each party at any time bill of lading terms and conditions in the governing classification on the date of shipment.	ng, the property described above in apparent good order, except as noted (contents and condition of contents of or being understood throughout this contract as meaning any person or corporation in possession of the property iss to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all interested in all or any said property, that every service to be performed herounder shall be subject to all the classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself
ALTERNATE DESTINATION (EMERGENCY ONLY)	EMERGENCY RESPONSE INFORMATION
T/S/D FACILITY	CONTACT Name
E.P.A. ID Code No	Phone
Address	National Response Center 1-800-424-8802
Destination	in D. C. 426-2675
	ed, described, packaged, marked and labeled, and are in proper condition tment of Transportation and the E.P.A.
Generator Signature	Date
TRANSPORTER #1	E.P.A. ID No
Address	State Zip Phone
City	
Transporter No. 1 Signature	the hazardous waste shipment.  Date
TRANSPORTER #2	E.P.A. ID No
Address	
City	StateZipPhone
Transporter No. 2	f the hazardous waste shipment.  Date
Signature	Date
TREATHENT STORAGE DISPOSAL FACILITY	
TREATMENT/STORAGE/DISPOSAL FACILITY  This is no certify acceptance of the hazar	dous waste for treatment, storage, or disposal.

is an acknowledgement that a bill of lading has been issued and is not the	Original Bill of Lading, nor		MA	NIFEST D	OCUMENT	NUMBER				
a copy or duplicate, covering the property named herein, and is intended so	olely for filing or record.									
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0:		FROM:								
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No Shipping D.O.T. PROPER SHIPPING NAME	STATE OF THE STATE	ARD CLASS	Haz Mat.	EPA Haz Waste No	WEIGHT	LABELS REQUI				
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is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, not a copy or duplicate, covering the property named herein, and is intended solely for filing or record.		MA	NIFEST	DOCUMENT	TNUMBER	3
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THIS	MEMORANDUM wiedgement that a bill of lading has been issued and is not the Original Bill uplicate, covering the property named herein, and is intended solely for fill	ll of Lading, nor ng or record.	MANIFEST DOCUMENT					NUMBE	3
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	RDS REQUIRED	ficelly is well	Subject to Section 7 of the co	antiture de		10 to delivered to the con-	ma subset around E	REIGHT CH	IA DCES
the	agreed or declared value of the property. The agreed or declared value hereby specifically stated by the shipper to be not exceeding  Per.		on the consigner, the consign The corrier shall not make it	nor shall sign slivery of this	the following st shapment without squature of Con-	atomost: ut payment of fre-glis and al			OLLECT
RE pas uns or bil Shi ans	the date of the Issue above which said car said destination, if Institute and as to see on the date of shipme in terms and condition	ch party at any time	ig, the property describing the property describing understood through the property of the pro	said prope	rty, that eve	ery service to be per	formed hereunder st	all be subject to al	the .
T /S /I	ERGENCY	ONLY).	CONTAC			RESPON	SE INFOR	MATION	
E.P./			CONTAC	Pho					
Addre Desti	tuon, TX		National I	Respo	onse C	enter	1-8 in D. C.	00-424-880 426-267	
This is	to certify that the above named materials are property of the property of the sportation according to the applicable regulations	erly classifie	ed, described,	packag	ed, mar	ked and labe	led, and are	in proper co	ndition
Generate	or /,	A				Date	7-19	-90	
	PORTER #1 700 700 100	ال رد		: i			lo. 1250	17700	12
Address City	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	7	State		Zin /	1. 1. 1. 11.	Phone -:	, .	- : 37
	rter No. 1 This is to certify acc	eptance of					1/19/2	3	
1.1.1.1.2000	PORTER #2					E.P.A. ID N	lo		
Address City			State_		_Zip_		_Phone	Willia.	
	orter No. 2	ceptance of	the hazardou	us was	ste shi	pment.			
_	MENT/STORAGE/DISPOSAL FACILITY					21.0	de les	,	
466	FACILITY This is described acceptance of	of the hazar	dous waste fo	or trea	tment,	storage, or	disposal.	9/8	3
		/C /D	E CODY	,			1	AHUM A	

THIS MEMORANDUM is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filling or record.	MANIFEST DOCUMENT NUMBER
	H A XISSA
TO: T/S/D FACILITY (	FROM: Generator // // //
E.P.A. ID Code No. ANTA PARTIES	E.P.A. ID Code No.
Destination by William Control of the Control of th	Origin
Phone	Phone 414 - 114 - 1141
NAME OF THE OWNER OF THE PERSON OF THE PERSO	ARD CLASS <sup>c</sup> Haz Mat. Haz Waste WEIGHT LABELS REQUIRED (or Exemption No.)
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21-10,77 20 - 2	
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46 4000 1000	
PL*^^*BO^ DEGUEED	
NOT NE CO required to state specifically in writing agreed or declared value of the property	
AMERICA ot exceeding	Giogniture of Consupors
it on the date of the issue of this Bill of Lac lated above which said carrier (the word carr sry at said destination, if on its route, other o destination and as to each party at any time tition on the date of shapert.	fling, the property described above in apparent good order, except as noted (contents and condition of contents of lar being understood throughout this contract as meaning any person or corporation in possession of the property wise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all se interested in all or any said property, that every service to be performed hereunder shall be subject to all the g classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself
Des Hand THEREFULLY ONLY	EMERCENCY DESPONSE INFORMATION
TA TA.	CONTACT Name
E.P.A. ID Code No	Phone
Address	National Response Center 1-800-424-8802
Destination	in D. C. 426-2675
This is to certify that the above named materials are properly classif for transportation according to the applicable regulations of the Depa	ied, described, packaged, marked and labeled, and are in proper condition introduced in the E.P.A.
Signature Manager Co. 11. Acres 6	Date 6/2/10
TRANSPORTER #1	/ E.P.A. ID No. 1000 1000 1000 1000 1000 1000 1000 10
City	State 184 Zip 1/2 Other Phone 1/2 - 1/1/2 - 1/2/2
Transporter No. 1:	f the hazardous waste shipment.  Date
TRANSPORTER #2	E.P.A. ID No. 1
Address	
City	StateZipPhone
Transporter No. 2 Signature	of the hazardous waste shipment.  Date
TREATMENT/STORAGE/DISPOSAL FACILITY	
	rddus, waste for treatment, storage, or disposal.  Date 6-3-83

THIS MEMORANDUM			MAI	NIFEST DO	OCUMENT	NUMBE	R
is an acknowledgement that a bill of lading has been issued and a copy or duplicate, covering the property named herein, and is in	ntended solely for filling or record.						
			N M	37501	-		
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ТО:		FROM:				149-55	
T/S/D FACILITY/ Page 12 4			17. 11		1 (10		
Address		E.P.A. ID (	ode No.	11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	. 1. 71	31	
Destination // //	the second secon		Table .	1. 21.		9	
Phone /// with the ed		Phone	414 - 1		19:		:
No. Shipping D.O.T. PROPER SHIPPING Units	NAME HAZAR	D CLASS °	Haz. Mat. ID. No.	EPA Haz.Waste No.	WEIGHT		REQUIRED ption No.)
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	2 47.5	1		15005			
12 111	- /						
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	· Salar	1					**
PLACARDS REQUIRED / 3 / 5 NOTE - Where the rate is dependent on value, shippers are re-	nuired to state specifically in writing	Subject to Section 7 of the co	oridans, of the shapes as a	In delicated to the course		DEICHT	CHARCES
the agreed or declared value of the property. The agr is hereby specifically stated by the shipper to be not	reed or declared value of the property	on the consigner, the consign The corrier shall not make do	or shall sign the following sti fivery of this shipment without (Signature of Cone	tempes:  t payment of freight and off  specific		REPAID	COLLECT
Averies II	on the date of the issue of this Bill of Lading ad above which said carrier (the word carrier	the property describe	d above in apparent or	ood order, except as	noted (contents and	condition of co	ntents of
in in	at said destination, if on its route, otherwisestination and as to each party at any time in on the date of shipment.	e to deliver to another	carrier on the route to	said destination. It	is mutually agreed	as to each carri	er of all
- interior	ding terms and conditions in the governing cl	assification and the sa	aid terms and condition	ns are hereby agreed	to by the shipper a	nd accepted for	himself
SOURCE MANAGEMENT	MERGENCY ONLY).	. EN	MERGENCY	RESPONS	SE INFOR	MATION	THE RESIDENCE OF THE PARTY OF T
TIE ONPRICA -		CONTACT	Name		No.		•
E.I MUSTW, IN.			Phone				
Ad Dec		National F	Response C	enter	in D. C.	00-424-88 426-26	
Decc.	CERTIFI	CATION		STEELS S		420-20	
.This is to certify that the above named mat for transportation according to the applicab	erials are properly classified the regulations of the Department	d, described, penent of Transp	packaged, mar portation and t	ked and label he E.P.A.	ed, and are	in proper o	condition
Generator Signature	de de	W. K.		Date	11/2	1/2	-
TRANSPORTER #1		)	- /	E.P.A. ID N	o. <u>/s () /) /</u>	950X	tter
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TRANSPORTER #2				E.P.A. ID N	0		
Address		State_	Zip		Phone		
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SignatureTREATMENT/STORAGE/DISPØSAL F	ACILITY .						
Fins is to dertify	acceptance of the hazard	lous waste fo	or treatment,	storage, or	disposal.	-1	(2)
Signature T/S/D FACILITY	A SE			Date	112	121	クン
1	T/S/D	F COPY				71-1-1	Classical Control

## B. State Generator's ID  ## B. State Temporrar's ID  ## B. US EPA ID Number  ## B.	ease print or type. (Form designed for use on elite (1)				ed OMB No.	2000 04	04 Expire	s 7 31 86
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DR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and a classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and nation government regulations.  Unless I am a small guantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification und Section 3002(b) of RCRA. I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to exconomically practicable and have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat human health and the environment.  Printed/Typed Name  Signature  Month Day  17. Transporter 1 Acknowledgement of Receipt of Materials  Date  Month Day  Signature  Month Day  Signature  Month Day	b	, , 1 <sub>,</sub>			٠ .		011	
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Printed Typed Name	18. Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name						Month	

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19

EPA Form 8700-22A (Rev. 11-85) T.S.D. DETACH AND RETAIN THIS COPY



#### METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO 100 EAST ERIE STREET • CHICAGO, IL 60611

INDUSTRIAL WASTE DIVISION (312) 751-5697

NO. 202624

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT, AND DISPOSAL RECORD VOLUME 3-OTHER (SPECIFY) WASTE 2-SLUDGE 3-SOLID 2-DRUMS WASTE CONTAINS: 01-FATS, OILS OR GREASE 07-COPPER 04-CYANIDE 10-NICKEL 13-MERCURY 02-ACID 05-ZINC 08-CHROME 11-LEAD -SOLVENTS LOCATION I certify that the described waste, in the designated volume, was removed from this location by the contractor named below for legal disposal. SIGNATURE OF AUTHORIZED AGENT AND TITLE FEDERAL TAX NAME I. D. NUMBER ADDRESS DATE RECEIVED TIME RECEIVED FEDERAL HAULER STATE LICENSE NO. I certify that the described waste, in the designated volume, was removed from the above location and delivered to the disposal site designated below. PHONE SIGNATURE OF CONTRACTOR'S AGENT AND TITLE NAME FEDERAL TAX FEDERAL DISPOSAL SITE DATE RECEIVED TIME RECEIVED ADDRESS I certify that the above named contractor delivered the described waste, in the designated volume! to this facility and same was received for lawful disposition as designated. SIGNATURE OF OPERATOR AND TITLE

THIS MEMORANI		*		MA	NIFEST D	OCUMENT	NUMBER
is an acknowledgement that a bill of lading hi a copy or duplicate, covering the property name	as been issued and is not the Original Bill ned herein, and is intended solely for filing	g or record.		1			HOWBER
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				e training			
TO:	ni. 1 1.		FROM:				
E.P.A. ID Code No.		4 A	Generator E.P.A. ID C	Code No			
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Shipping O.O.T. PROPER	SHIPPING NAME	HAZAF	ID CLASS "	Haz. Mat., I.D. No.	EPA Haz.Waste No.	WEIGHT	(or Exemption No
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the agreed or declared value of the is hereby specifically stated by the \$	property. The agreed or declared value e shipper to be not exceeding Per	of the property	The corrier shall not make dol	or shall sign the following at livery of this shipmont withe Gignature of Con	d payment of freight and all		EPAID COLLEC
packages unknown), marked, consigned, and	and tariffs in effect on the date of the issue of d destined as indicated above which said carri- ual place of delivery at said destination, if on	its route, otherwis	e to deliver to another	ghout this contract as	meaning any person	or corporation in po	ssession of the property
or any of, said property over all or any port	ion of said route to destination and as to each overning classification on the date of shipment with all the bill of lading terms and conditions	t.	nterested in all or any s	said property, that ev	ery service to be per	formed hereunder she	ill be subject to all the
	ATION (EMERGENCY	ONLY).	EN	MERGENCY	RESPON	SE INFOR	MATION
T/S/D FACILITY			CONTACT		ILOI OIL	SE HELOM	WATION
E.P.A. ID Code No				Phone		43.090	
Address			National F	Response C	enter	1-80	00-424-8802
Destination	Marketon P. Berry	CERTIF	CATION			in D. C.	426-2675
This is to certify that the abo	ve named materials are prope	rly classifie	d, described, p	backaged, mar	ked and labe	led, and are	in proper condition
for transportation according to	the applicable regulations o	f the Depart	ment of Transp	ortation and t	he E.P.A.		
Generator (	1, 11. X		195	, ,	Date	le	12.1
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TRANSPORTER #2					E.P.A. ID N	0	
Address			State	Zip		Phone	
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SignatureTREATMENT/STORAGE/D	ISPOSAL FACILITY				Date	•	1111
	s to certify acceptance of	the hazard	dous waste fo	r treatment,	storage, or	disposal.	12/00
Signature	11/11/11/19	The said			Date	ļa l	11176 1
	T	/S/D	F COPY				

THIS MEMORANDUM			MA	NIFEST D	OCUMENT	NUMBER
is an acknowledgement that a bill of lading has been issued and is not the Original Bil a copy or duplicate, covering the property named herein, and is intended solely for filling.	of Lading, nor	¥	INIX			NOWBER
			11 H	4754	4	
* · · · · · · · · · · · · · · · · · · ·						
TO: 2, 1 T/S/D FACILITY 4		FROM: Generator				1 1 4
E.P.A. ID Code No.	,	E.P.A. ID	Code No.			
Address	-,	Address	a re	1 11 11		
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No. Shipping D.O.T. PROPER SHIPPING NAME Units	HAZAF	RD CLASS	Haz. Mat., I.D. No.	EPA Haz.Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
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PLACARDS REQUIRED	4	· ditto	^	i. ,		150
NOTE - Where the rate is dependent on value, shippers are required to state specified the agreed or declared value of the property. The agreed or declared value is hereby specifically stated by the shipper to be not exceeding.  Per		Subject to Section 7 of the con on the consigner, the consig The corrier shall not make a	and-trains, if this stepment is nor shall sign the following at divery of this shipment without (Signature of Com-	stomant: ut payment of freight and all	Committee and the committee of the commi	REIGHT CHARGES
RECEIVED, subject to the classifications and tariffs in effect on the date of the issue or packages unknown), marked, consigned, and destined as indicated above which said carry under the contract) agrees to carry to its usual place of delivery at said destination, if or or any of, said property over all or any portion of said route to destination and as to each bill of lading terms and conditions in the governing classification on the date of shipmer shipper hereby certifies that he is familiar with all the bill of lading terms and condition and his assigns.  ALTERNATE DESTINATION (EMERGENCY)	rier (the word carrier in its route, otherwill h party at any time nt. is in the governing of	r being understood throes to deliver to another interested in all or any classification and the s	uphout this contract at carrier on the route to said property, that ev- aid terms and condition	meaning any person said destination. I ery service to be per ma are hereby agreed	t is mutually agreed of formed hereunder shall to by the shipper an	aseasion of the property
T/S/D FACILITY		CONTAC	T Name			
E.P.A. ID Code No.		-	Phone		1.00	00.424.0002
Address		National	Response C	enter	in D. C.	00-424-8802 426-2675
	CERTIF			36524 1		
This is to certify that the above named materials are proper for transportation according to the applicable regulations of					led, and are i	n proper condition
Generator Signature	· ·	1	1	Date	1.1.1	4
TRANSPORTER #1	, 1	1	1	E.P.A. ID N	0.77.	by 1711. 16 11.
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City	*	State_	Zip	11	Phone	1
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TRANSPORTER #2					0.	
Address			150			
City		State_	Zip		_Phone	
Transporter No. 2			us waste shi	pment.		
Signature				Date		
TREATMENT/STORAGE/DISPOSAL FACILITY						
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T/S/D FACILITY Phile is to certify doceptance o	f the hazar	dous waste fo	or treatment,		disposal/	des

THIS MEMORANDUM		· MA	NIFEST	OCUMENT	NUMBER
Is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, a copy or duplicate, covering the property named herein, and is intended solely for filling or record.	nor t				Nombert
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TO: T/S/D FACILITY (1)	FROM: Generator				
E.P.A. ID Code No. 2007	. E.P.A. ID	Code No.			,
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the agreed or declared value of the property. The agreed or declared value of the prop is hereby specifically stated by the shipper to be not exceeding	erty The carrier shall not make	delivery of the proposes with	ut payment of freight and o	State of the state	EPAID COLLECT
\$Per		(Signature of Cor			
RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of  packages unknown), marked, consigned, and destined as indicated above which said carrier (the word or  under the contract) agrees to carry to its sussal place of delivery at said destination, if on its route, of					
or any of, said properly over all or any portion of said route to destination and as to each party at any bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the gover	time interested in all or an	y said property, that ev	ery service to be pe	rformed hereunder shall	If be subject to all the
and his assigns.			and instance, agree	o to by the shipper an	a accepted for nimself
ALTERNATE DESTINATION (EMERGENCY ONLY).		MERGENCY	RESPON	SE INFORM	MATION
T/S/D FACILITY	CONTAC				
Address	National	Response C	ontor	1.80	00-424-8802
Destination		nesponse C	enter		426-2675
[ - ] 이 이 부모님이 모르는데, 이러 [ - ] 아이트 보고 있는데 아프 아이트 아이트 아이트 아이트 아이트 아이트를 보고 있다. [ - ] 이 아이트 아이트 아이트 아이트 아이트 아이트 아이트 아이트 아이트 아	IFICATION	ALEKA LINE			
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Signature // repos the above	J 48				
TRANSPORTER #1			E.P.A. ID N	10	· ···
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Transporter No. 1 This is to certify acceptance	of the nazardou	is waste snip			
TRANSPORTER #2	ALC: N			No	
Address			200		
City	State	Zip		_Phone	
Transporter No. 2 Signature	of the hazardo	us waste shi	pment. Date		
TREATMENT/STORAGE/DISPOSAL FACILITY					
T/S/D FACIL-TY This is to certify acceptance of the har	zardous waste f	or treatment,		disposal.	19/02
Signature			Date	1 (0)	
T/S/I	F COP'	Y			

THIS MEMORANDUM

Is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filling or record.	H- x/2/2
TO:	FROM:
T/S/D FACILITY	Generator
E.P.A. ID Code No.	E.P.A. ID Code No.
Address	Address
Destination &	Origin
Phone No.	Phone EPA LARGE PROMPER
Shipping Units D.O.T. PROPER SHIPPING NAME HAZA	RD CLASS Haz. Mat. Haz. Waste WEIGHT LABELS REQUIRE (or Exemption No.
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NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding  \$	
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing and his assigns.  ALTERNATE DESTINATION (EMERGENCY ONLY).  T/S/D FACILITY	Interested in all or any said property, that every service to be performed hereunder shall be subject to all the classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself  EMERGENCY RESPONSE INFORMATION  CONTACT Name
E.P.A. ID Code No	Phone
Address Destination	National Response Center 1-800-424-8802 in D. C. 426-2675
THE REPORT OF THE PROPERTY OF	ed, described, packaged, marked and labeled, and are in proper condition them of Transportation and the E.P.A.  Date
TRANSPORTER #1	E.P.A. ID No.
City	StateZip_* Phone
Transporter No. 1	
TRANSPORTER #2	E.P.A. ID No
Address	
City	StateZipPhone
Transporter No. 2 Signature	f the hazardous waste shipment.  Date
TREATMENT/STORAGE/DISPOSAL FACILITY	
	rdous waste for treatment, storage, or disposal.
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#### MEMORANDUM

a copy or duplicate, covering the property named herein, and is intended solely for fi	Bill of Lading, nor filing or record.		MAI	NIFEST D	OCUMENT	NUMBER
					-	
TO: T/S/D FACILITY		FROM: Generator				
E.P.A. ID Code No.		E.P.A. ID	Code No			
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Destination		Origin				
Phone		Phone				
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RECEIVED, subject to the classifications and tariffs in effect on the date of the issu- packages unknown), marked, consigned, and destined as indicated above which said of under the contract) agrees to carry to its usual place of delivery at said destination, or any of, said property over all or any portion of said route to destination and as to e bill of lading terms and conditions in the governing classification on the date of shiph Shipper hereby certifies that he is familiar with all the bill of Idating terms and conditi-	if on its route, otherwise each party at any time in	e to deliver to another nterested in all or any	carrier on the route to	meaning any person said destination. I	t is mutually agreed a	as to each carrier of all
Shipper hereby certifies that he is familiar with all the bill of lading terms and condit and his assigns.  ALTERNATE DESTINATION (EMERGENCY)			MERGENCY			
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Generator				Date		
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Transporter No. 1 Signature			s waste shipr		5 00	¥+-
TRANSPORTER #2				E.P.A. ID N	lo.	
Address						
City		State_	Zip_		_Phone	No Francisco Vision
Transporter No. 2 Signature						
TREATMENT/STORAGE/DISPOSAL FACILITY	į į,	1				1110
T/S/D FACILITY  This is to certify acceptance	of the hazard	lous waste fo	or treatment,	storage, or	disposal.	1100

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77-ELS-CL(6.PLY) FAREV/10780

THIS · MEMORANDUM  is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor		MANIFEST DOCUMENT NUMBER					
a copy or duplicate, covering the property named herein, and is intended solely for filing or record.							
TO:	FROM:						
T/S/D FACILITY	Generator						
E.P.A. ID Code No.	E.P.A. ID	Code No.			ELS SPECIALS		
Address	Address						
Destination	Origin	1	ALCURATION OF THE PARTY OF THE				
Phone	Phone		EDA				
Shipping D.O.T. PROPER SHIPPING NAME HAZA	ARD CLASS °	Haz. Mat., I.D. No.'	EPA Haz.Waste No.	WEIGHT	LABELS REQUIRE (or Exemption No.		
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NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding    Per		onditions, if this shipment is to her shalf sign the following sta firvary of this shipment without (Signature of Cons	tiomans e payment at traight and at		REIGHT CHARGES		
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ALTERNATE DESTINATION (EMERGENCY ONLY).	NO.				MATION		
T/S/D FACILITY	CONTACT	Name					
E.P.A. ID Code No.	Nati	Phone			20, 424, 6002		
Address	La Robert Law College	Response C		in D. C.			
CERTIF					A		
This is to certify that the above named materials are properly classif for transportation according to the applicable regulations of the Depart	rtment of Transp	packaged, mar portation and t	ked and labe he E.P.A.	eled, and are	in proper condition		
Generator							
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This is to certify acceptance of							
Transporter No. 1 () I his is to certify acceptance of Signature	the nazardous	- waste snip.	Date	- 111-9	2		
TRANSPORTER #2			E.P.A. ID N	10			
Address				Dh			
City		Zip		_Phone			
Transporter No. 2 Signature	the hazardou	us waste ship	Date				
TREATMENT/STORAGE/DISPOSAL FACILITY				,			
T/S/D FACILITY This is to certify acceptance of the haza	rdous waste fo	or treatment;	Date Date	disposal.	1=		
Signature			5010	/ les	at to the control of the same and the same a		

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THIS MEMORANDUM  Is an acknowledgement that a bill of lading has been issued and is not the Original Bill a copy or duplicate, covering the property named herein, and is intended solely for filing.	of Lading, nor			MAN	NIFEST D	OCUMEN.	T NUMB	BER
	y or record.		14-		/-	27		
TO:		FROM:						
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Phone		Phone	٠.		, ., .			
No Shipping D.O.T. PROPER SHIPPING NAME Units	HAZAR	D CLASS '	Haz.	Mat. No.	EPA Haz.Waste No.	WEIGHT	LABELS (or Exe	REQUIRED mption No.)
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NOTE - Where the rate is dependent on value, shippers are required to state specificated the agreed or declared value of the property. The agreed or declared value is hereby specifically stated by the shipper to be not exceeding \$		Subject to Section 7 of the co- on the consigner, the consign The carrier shall not make del	or shall sign the	o following stat hipmont orthout	prend payment of freight and all		REIGHT	CHARGES
RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of packages unknown), marked, consigned, and destined as indicated above which said carry under the contract) agrees to carry to its usual place of delivery at said destination, if or or any of, said property over all or any portion of said route to destination and as to each bill of lading terms and conditions in the governing classification on the date of shipmen Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions and his assigns.	er (the word carrier its route, otherwise party at any time in t.	being understood through to deliver to another atterested in all or any s	d above in a ghout this o carrier on the	he route to	od order, except as meaning any person said destination. I y service to be per	or corporation in pot t is mutually agreed formed hereunder sh	as to each car all be subject t	e property rier of all to all the
ALTERNATE DESTINATION (EMERGENCY )	ONLY).	EN	MERG	ENCY	RESPON	SE INFOR	MATIO	N
T/S/D FACILITY		CONTACT	Nam	ne .				
E.P.A. ID Code No	" 15 th		Phor					Territoria.
Address		National F	Respon	nse Ce	enter	1-8	00-424-8	802
Destination				South Services		in D. C.	426-2	2675
This is to certify that the above named materials are prope for transportation according to the applicable regulations of Generator		d, described, p			ed and labe e E.P.A.		in proper	condition
Signature				_	Date			
TRANSPORTER #1	-				E.P.A. ID N	0		
City		State	100	Zip		Phone		
Transporter No. 1 Signature			waste	shipm	nent. Date			
TRANSPORTER #2					E.P.A. ID N	0		MERCH
Address			100	1000		78/8 V 13-1		
City		State	-	Zip		Phone		
Transporter No. 2 Signature	eptance of		s wast	te ship	ment. Date			16% N
TREATMENT/STORAGE/DISPOSAL FACILITY			1			THE RES		4 7 1
This is to certify acceptance of		ous waste for					1/2	2
Signature				The con-	Date	1 19	CORP. CORP.	A CONTRACTOR OF THE PARTY OF TH

T/S/D F COPY

— CA)4565

is an acknow	MEMORANDUM	ed and is not the Original Bill	of Lading, nor		MAN	NIFEST D	OCUMENT	T NUMBER
a copy or oup	licate, covering the property named herein, i	and is intended solely for filling	or record.				,	
	FACILITY		Ger	OM: nerator				In the part of the
ddress	ID Code No.			dress	de No.			
estinat			Ori					
hone			Pho				4 2/2 4	
No. hipping Units	D.O.T. PROPER SHIPP	ING NAME	HAZARD C	LASS	Haz Mat. I.D. No.	EPA Haz.Waste No.	WEIGHT	LABELS REQUIRI (or Exemption No
						-		2
1	NEAR							
TE	MERRY Americans	reed or declared value t exceeding		to Section 7 of the condition consignor, the consignor shall tier shall not make delivery of			A CONTRACTOR OF THE PARTY OF TH	REIGHT CHARGE
	(m)				(Gignature of Consi	pnor)		
(	Conasy Nessolous, I	on the date of the issue of ed above which said clarity at said destination, if on jestination and as to each on on the date of shipment ading terms and conditions	its route, otherwise to de party at any time intereste	liver to another carrie ed in all or any said p	t this contract as er on the route to property, that ever	meaning any person said destination. It y service to be perfo	or corporation in po is mutually agreed ermed hereunder sha	as to each carrier of all all be subject to all the
	TERRALE DESTINATION	MERGENCY (			RGENCY	RESPONS	E INFOR	MATION
	FACILITY		C(		Name			
ddress	ID Code No		N		Phone	antan	1.80	00-424-8802
estina			ING	ational Res	sponse Ce	enter	in D. C.	426-2675
	to certify that the above names sportation according to the app		f the Department	of Transporta	kaged, mark ation and th	ne E.P.A.		in proper condition
	PORTER #1			1		E.P.A. ID No		
				State	Zip		Phone	*12 0 000
ranspor ignature	ter No. 1	s is to certify acce	ptance of the h	nazardous wa	aste shipm	nent. Date	1,-1	99
	PORTER #2					E.P.A. ID No	. 1	
				State	Zip		Phone	
ranspo	rter No. 2	is is to certify acce	eptance of the	hazardous w	vaste ship	ment.		
	MENT/STORAGE/DISPOSA	L FACILITY-						
	FACILITY This is to ce	Trify acceptance of	the hazardous	waste for tr	reatment, s	storage, or o	disposal.	183
2 .		, T	/S /D F	CUDA	K M. H		//	A. 44-5

#### STATE OF WISCONSIN DEPARTMENT OF NATURAL RESOURCES

See reverse side, Copy 6, for instructions.

Please type or print clearly using ball point pen - press hard.

HAZARDOUS WASTE MANIFEST FORM Wisconsin Statutes 144 FORM 4400-66 REV. 6-81 MANIFEST NUMBER

A 255656

GENERATOR (SHIPPE	R) SECTION							
1. COMPANY NAME	1		2. EPA IDENTIFICATION NO.	3. COMMENTS/SPE	CIAL INSTRUCTIO	NS		į į
4. P.O. BOX OR STREE	ilus		W10076151121					i
		·						
5. CITY, STATE, ZIP CO	CARD 1	C. D. DOX	6. TELEPHONE NUMBER					
MINITE IN			(414 )-734 -1871					
111111 - 1 6	011	\$ 7 /12	(414) / = + 11/6	1	11 115 007		1	
7. NUMBER & TYPE OF CONTAINER	8. GALLONS	9.	WASTE NAME	10. US DOT HAZARD CLASS	11. US DOT IDENTIFICATION NUMBER	12. PHYSICAL STATE (Enter number in box)	13. US EPA WASTE CODE	14. SHIPPING WEIGHT (Pound
1 2.1115	111	Frant 1	1.9 .715			1. Solid 3. Mixture 2. Liquid	0 /	
						1. Solid 3. Mixture 2. Liquid		
				and the second second		1. Solid 3. Mixture 2. Liquid		
and labeled and are in prope	r condition for tran	sportation according to	the applicable regulations	15. AUTHORIZED SI	GNATURE	16. NAME (Print)		17. DATE SHIPPED M D Y
of the U.S. Department of Talso certify that the inform			epartment of Natural Resources.	her H	en ir	100 L 1:0	KI, O,	5 122 18,
TRAN	~			HAZARDOUS WA	ASTE FACILITY	SECTION		
18. CC	85		19.EPA IDENTIFICATION NO.	32. FACILITY NAM		2011011	33. EPA II	DENTIFICATION
20. P.	ADDRESS			34. P.O. BOX OR S	TREET ADDRESS			
21. CI Defu	30		22. TELEPHONE NUMBER	35. CITY, STATE, Z	IP CODE			PHONE NUMBER
Papers Appleton	Iills			37. COMMENTS				
I hereby certify that the abo	ve named materials a	and indicated quantity(	es) has (have) been accepted	I hereby certify that t	he above named mat	terials and indicated quantit	y(les) has (have	e) been
in proper condition for trans designated as Hazardous Was 24. AUTHORIZED SIGNA	te Facility.	NAME (Print)	26. Date Accepted	38. AUTHORIZED S	IGNOTURE	39. NAME (Print)	E	O. Date Accepted
11 ( 1)	with the	WTH, R. A.	Coma N M LiB 15	I hereby certify that t	above named mat	erials and indicated quantit	y(les) has (have	been .
I hereby certify that the abo in proper condition for trans designated as Hazardous Was	ve named materials a portation and I acknote Facility.	ind indicated quantity(i	es) has (have) been accepted hall be made to the facility	41. ALTERNATE HA				ENTIFICATION
27. 2nd. TRANSPORTER			28. EPA IDENTIFICATION NO.	43. AUTHORIZED S	IGNATURE	44. NAME (Print)	4	5. Date Accepted M / D / Y
29. AUTHORIZED SIGNA	TURE 30.	NAME (Print)	31. Date Accepted M / D / Y				sistance Teleph 508-266-3232) 300-424-8802)	one Number
			20472 T-50	Box 8094 Madison, Wiscons	In 53708	FOR DNR USE ONLY		•

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

PINDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT P.O. Box 7035 Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

•	UNIFORM HAZARDOUS L. Generator's US EPA ID No. V. 81 S	Manifest Document No	2. Page 1	Information not requirems D. State las	tion in the uired by F, H and	e shaded areas is Federal law, but I are required by
	3. Generator's Name and Mailing Address	141116	A. State M	anifest Docu	ment Nun	nber
	71 - 14.1 11 00		INA B State G	enerator's ID	1748	39
	4. Generator's Phone (7.3% ) July 7.3%					70
	5. Transporter 1 Company Name 6. Use EPA ID Number 1. 4. 2.1.8.1.7.7.7	1504	9 C. State Tr			120010
	7. Transporter 2 Company Name 8. Use EPA ID Number			ansporter's	-	A A STATE OF THE S
	9. Designated Facility Name and Site Address 10. Use EPA ID Number			rter's Phone		
	9. Designated Facility Name and Site Address 10. Use EPA ID Number		G. State F	089	000	2
	61. (1.11) Tod [N.J.O.16.56	0	H. Facility's	Phone	14	370
	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Conta		13. otal antity	14. Unit Wt/Vol.	I. Waste No.
G	a - D. WASTE ME WILLAND CHLORING	-				
EZE	02.71.4 (IN 1593/ FDOZ)	0.0.1	0.100	22.0	6	T007
RA	b.					
1 0 R						
1	C.					
	d.					
		B	etweer	n		
	J. Additional Descriptions for Materials Listed Above  11 A Welhylene Chlor. de		perton			
-	11 A Methylene Chieria	SE OL	perton 8348	,		
	15. Special Handling Instructions and Additional Information					
			nd			
		omc	Chri	s Cra	ft	
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment proper shipping name and are classified, packed, marked, and labeled, and are in all reaccording to applicable international and national government regulations.	00	1834	]		
	If I am a large quantity generator, I certify that I have a program in place to reduce determined to be economically practicable and that I have selected the practicable me which minimizes the present and future threat to human health and the environment; (	etnog of trea	tment, storage	, or dispos	ar curren	made a good faith
	effort to minimize my waste generation and select the best waste management method to	that is availa	ble to me and	that I can	afford.	Date
+	Lacher Slaymaker garning	J-1.0.	your	h, A	- 10	921 P3T 9:00 G
TRA	17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature					Date
RAZOPORT	DALE VESS /Jan V	ine			2	ponth Day Year
ORT	18. Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name  Signature					Date
ER			Market East		1"	onth Day Year
	19. Discrepancy Indication Space					
FAC						
ACIL						
TY	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this mani-	ite except a	s noted Item 19			
	Signature Signature	la to	1		~^^	onth May Year
	rm 8700-22	- fact	4		d	1770

EPA Form 8700-22 Previous editions are obsolete. State Form 11865 (R/4-88)

COPY 5. TSD COPY

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The service of the se

HAZARDOUS WASTE MANIFEST 11/ MANIFEST DOCUMENT NUMBER SHIPPER NUMBER WAR INITATES NAME OF CARRIER CARRIER NUMBER (SCAC) IDENTIFICATION DATE SHIPPED OR RECEIVED 12 DIGIT EPA ID COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER LIANT AND DOWNER GENERATOR/ SHIPPER ET. ILA/IL しをみ、正八 エヤノロニナルエビグリチルと TRANSPORTER # 1 IND 03455 1004 TRANSPORTER # 2 ARICA, ICAN CHIMIZIAL ITA STORAGE OR DIS-POSAL FACILITY TSDF TREATMENT STORAGE OR DIS WASTE INFORMATION EPA HAZ. WASTE ID # CHARGES NO. OF UNITS & DESCRIPTION AND CLASSIFICATION EXEMPTION OR NO LABELS REQUIRED FLASH POINT (IN °C) WHEN REQ'D UN # UNITS (For Carrier Use Only) (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 RATE OF NA # 1/4 77% 114 -Trivial E. 13-If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toil free) or 202-426-2675 (toil call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately. SPECIAL HANDLING INSTRUCTIONS COMMENTS PLACARDS TENDERED Yes 🖸 No 🗆 On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1 C.O.D. FEE: PREPAID | COLLECT | REMIT C.O.D. TO: ADDRESS COD Subject to Section 7 of the conditions of this shipment is to be delivered to the consignee without recourse on the consignor. The consignor shall sign the following statement.

The carrier shall not make delivery of this shipment without payment of traight and all other lawful charges. TOTAL Note—Where the rate is dependent on value, shippers re required to state specifically in writing the agreed or societed value of the procedy. The agreed or declared value of the property is hereby pecifically stated by the shipper to be not acceeding. "If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." CHARGES: FREIGHT CHARGES FREIGHT PREPAID except when box at right is checked (Signature of Consignor) any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or CERTIFICATION This is to certify that the above-named materials are properly This is to certify acceptance of the hazardous waste shipment. classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable TRANSPORTER #1 SIGNATURE & DATE. TRANSPORTER #2 SIGNATURE & DATE (if required) regulations of the Department of Transportation and the U.S. En-This is to certify acceptance of the hazardous waste for treatment, vironmental Protection Agency storage or disposal. DATE TSDF SIGNATURE GENERATOR'S SIGNATURE 1 J.DATE

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

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GENERATOR/ SHIPPER	-		13611111	11611 11 11	16.51	erin	1 7/1	cli.	300	5 24	
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TRANSPORTER # 2 (If required)	ILTEC	2641510	51211N'	THE NICH	V AU	CAFSIL	UEDB	- 2	66.445		
TSDF TREATMENT	TWHON	, Korts	RATERIE	IN FILE	4-1 - 111	1,3 to pt		211.	64 437	0 3	101
STORAGE OR DIS-			470 5.	COLEAX	1-1-	FFITH	1. 2.2	116 31	9	1	18/3
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NO. OF UNITS & HA	A EPA HAZ. WASTE	DESC (Pro	RIPTION AND CLASS per Shipping Name, ( n Number per 172,101	SIFICATION Class and	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS	TOTAL	RATE	CHARGE (For Carri
	10#		いがったいさ		1952						030 0111
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SPECIAL HANDL	INC	WIN	10 1	reures	)	If an	RQ commodity is	spilled on a	waterway or adjoin ederal government	ing land, th	e incident
		four.				i iree)	or 202-426-26/5 (to	III Call). If othe	r DOT Hazardous Ma	terials are c	discharged
COMMENTS	_ /		mo\re		-	1 1-800	424-9300 immedia	ately.	A		
	1	1	/							_	NDERE
On "Collect on Deli	ven	MAR	mothe	20	r	as otherwise p	rovided in Item	430, Sec. 1	Yes 8	3	No U
REMIT	_ /	, ,,		,	1				C.O.D. FEE:		
C.O.D. TO: ADDRESS		4		^	)[	)	Amt: \$		PREPAID COLLECT	s	
Note-Where the rate is are required to state specific	ical	Witness A		11	sign	ee without recourse or	ditions, if this shipmen in the consignor, the co	nt is to be deliver	TOTAL CHARGES:	s	
The agreed or declared vi apacifically stated by the sh	NUL	1	1.	14+	Carry	atement or shall not make de all other lawful charg	livery of this shipment	t without payme	nt of FREIGI	HT CHARG	ES
\$	per	HOUT	41005	/ 11,	1000	(Signa	ture of Consignor)		FREIGHT PREPAIL	Ch Ch	are to
RECEIVED. Bill of Lading.		1451	1117		of.	said property over	all or any portion of	of said route to	destination and as to service to be perform	o each party	at
and condition indicated above	ref sorients	Completes enti-			ill be	subject to all the of shipment	bill of lading terms	and condition	ns in the governing cl	assification	on
as meaning an to carry to its u	11		estraction property un- reasons. It is its roots		) gov	erning classificat	ion and the said to	erms and con	ill of lading terms and ditions are hereby ag		
another carrier							himself and his a	ssigns.			
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proper conditio					.1,	117	11 (	1	11:10	1	
regulations of t vironmental Pro						ertify accep			waste for trea		
		1/	200			disposal.	1				15
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STYLE F-50 ©					1 1	, 3/- [	CIONA	-	2055		2 7 /
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3/19/82

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THIS MEMORANDUM	Daralle	SHO	1	DOCUMENT	ENT NUMBER	
to an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filling or record.	Date	MAI	VIFES I	DOCUM	ENT NUMBER	
		1	到初	Taria.	101	
	Jan Jan	× .27/	1686	IND	0789260	29
The second secon	FROM:			1. 1%		
	E.P.A. ID Code					
Destination	Address Cori	1. 1-AV	GALLEY	at it to	Answer of 1	
	Phone - 27					13343
No. Shippmg D.O.T. PROPER SHIPPING NAME HAZ	ZARD CLASS	Haz. Mat. I.O. No.	EPA Haz.Waste No.	WEIGHT	LABELS REQUI	RED No.)
BE MINITED WHITE TO MAN THE	11/1/2016	1447	MAM	· · · · · · · · · · · · · · · · · · ·	The Add	
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PLACARDS REQUIRED						
NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding  Per	Subject to Section 7 of the comparisons, on the consignor, the consignor shall in The corrier shall not make delivery at the correct shall not make the correct shall not make delivery at the correct shall not shall	If this shipment is to ign the fertowing sta this shipment without (Signature of Cons.	terment of freight payment of freight gnor)	and all other lawful char	FREIGHT CHA	LLECT
RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading pricages unknown), marked, consigned, and eastined as indicated above which said carrier (the word carrier under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise or any of, said property over all or any portion of said route to destination and as to eat party at any time in bill of lading terms and conditions in the governing classification on the date of shipment. Shipper horeby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification on the date of shipment.  ALTERNATE DESTINATION (EMERGENCY ONLY)	being understood throughout it e to deliver to another carrier interested in all or any said prolassification and the said term	his contract as on the route to operty, that eve is and condition	meaning any p said destinati ry service to b as are hereby a	on. It is mutually be performed hereu	on in possession of the proper agreed as to each carrier of order shall be subject to all to hipper and accepted for himse	all he
E.P.A. ID Code No		hone		1.076.6	1 000 10 1 0000	
Address Destination	National Res	conse C	enter	in D.	1-800-424-8802 C. 426-2675	
	artment of Transpor	aged, mark	ked and I	abeled, and	are in proper cond	dition
TRANSPORTER #1	C /			D No.		
AddressCity	State	Zip		Phone _		27
Transporter No. 1 Signature	he hazardous was		Date_	11-71	5-80	
TRANSPORTER #2			E.P.A. I	D No		
Address	State	Zip_		Phone		
Transporter No. 2 Signature  This is to certify acceptance of			DESCRIPTION OF			
TREATMENT/STORAGE/DISPOSAL/FACILITY	j.	Dunk	022	t. 14.2	TR. 11-26	5
This is to certify acceptance of the hazard	ous waste for tre		storage,		al	

T/S/D/F COPY



### METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO 100 EAST ERIE STREET • CHICAGO, IL 60611

INDUSTRIAL WASTE DIVISION (312) 751-5697

NO. 202625

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT AND DISPOSAL RECORD

		CONTAINER (	BULK TANK ) 2-DRUMS	3-OTHER (SPECIFY)	VOLUME 1-GA
ł	WASTE CONTAINS:	A Second	ROCK /	14 1 1 4 14 14 1 2 14 14	2-CU
	01-FATS, OILS OR GREASE 04-CYANIDE 07-CC	OPPER 10-NIC	KEL 1	Mar Att William	Trive Lieute A . 3-LB
A CONTRACTOR OF THE OR	02-ACID 05-ZINC 08-CI	HROME 11-LE		I-MERCURY I-SOLVENTS 16-01 S-PAINT RESIDUE	HER (SPECIFY)
ACT BOOK	METHOD AND LANDFILL DESTRUCTION (SPECIFY)			OTHER (SPECIFY)	intax of
T. A.	NAME OF COMPANY				25年的第二人称为
A CANADA	LOCATION	N SS	2777年	FEDERAL GENERATOR I. D. NUMBER	
alia dien	TYPE OF INDUSTRY	A PROPERTY.	·公里在一个人工艺术	DATE REMOVED	TIME REMOVED
Walle Con	I certify that the described waste, in the designated disposal.				amed below for legal
*	SIGNATURE OF AUTHORIZED AGENT AND TITLE	* *	But a	PHONE	
_				· 4-1 + 14 · · · · · · · · · · · · · · · · · ·	
	NAME 193/2	1990C		FEDERAL TAX	
	ADDRESS	*	ij.	DATE RECEIVED	TIME RECEIVED
	FEDERAL HAULER L. D. NUMBER L. S.	STATE		RUCK	
	I certify that the described waste, in the designated designated below.	volume, was rem	oved from the ab	ove location and delivere	d to the disposal site
	SIGNATURE OF CONTRACTOR'S AGENT AND TITLE			PHONE	16-4377
	NAME			FEDERAL TAX I. D. NUMBER	
	ADDRESS	FEDERAL DISPOS	SAL SITE	ON TECHIVED 1/8	TIME RECEIVED
3	I certify that the above named contractor delivered for lawful disposition as designated	the described wa	ste, in the design	ated volume to this facilit	y and same was receiv
-	SIGNATURE OF OPERATOR	* fi 1:	PERMIT NO.	PHONE	

BEE CHEMICSE

	INIFORM HAZARDOUS  1. Generator's US EPA WASTE MANIFEST	ID No.	Manifest Do	cument No.	2. Page of		ation in tequired			
3.	Generator's Name and Mailing Address				A. State	Manifest Do	cument	Number		
	T. I Take				B. State (	Generator's	ID			
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Division of Land Pollution Control - Manifest Indiana State Board of Health P.O. Box 7035

FPA Form 8700-22A (Rev. 11-85)

DO NOT WRITE IN THIS SPACE

Indianapolis, IN 46207-7035 (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2000 0404 Expires 7 31 86 Please print or type. 1. Generator's US EPA ID No. UNIFORM HAZARDOUS 2. Page 1 of Information in the shaded areas Document No. is not required by Federal law WASTE MANIFEST 3. Generator's Name A. State Manifest Document Number IN034026 R State Ger 5. Transporter 1 Company Name C. State Transporter's ID D. Transporter's Phone 114 41.1 413 Admiri 9. Designated Facility Name and Site Address G. State Facility's ID Attitude 170 and mervin 14 1'5 H. Facility's Phone 4.51 214 424 4370 12. Containers 13. : · 1. 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Unit Waste No. No Type Quantity Wt/Vol MAMARIE 4. 10/11 6 11/1/2 2001 A- 2 16 0 Between Batavia Coatings Barrett Varnich ents of this consignment are fully and accurately described above by proper shipping name and are in proper condition for transport by highway according to applicable international and national Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. Z Printed/Typed Name Day 17. Transporter 1 Acknowledgement of Receipt of Materials Date Printed/Typed Name Day -1,01.1011/ LAT 17 18. Transporter 2 Acknowledgement of Receipt of Materials Date Signature Printed/Typed Name Day Month 19 Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19. Printed/Typed Name With th

Division of Land Pollution Control - Manifest Indiana State Board of Health

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UNIFORM HAZARDOUS  1. Generator's US EPA ID No.	Ma	nifest	2. Page 1 of Ir	nformation in the	
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government regulations.  Unless I am a small quantity generator who has been exempted by statute or regul	ation from th	e duty to m	ake a waste minir	mization certific	ation under
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T.S.D. DETACH AND RETAIN THIS COPY 2048-T50

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Division of Land Pollution Control - Manifest Indiana State Board of Health

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Indianapolis, IN 46207-7035

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Form Approved OMB No. 2000 0404 Expires 7 31 86

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1	UNIFORM HAZARDOUS WASTE MANIFEST  21. Generator's US EPA	A ID No.	Docu	ment No.	22. Page			e shaded areas Federal law
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EPA Form 8700-22A (Rev. 11-85)

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1.-206 R T500 BULL 1. HOLD AI TOOLS TO A CONTRACT OF THE PROPERTY OF THE PROPERTY



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT P.O. Box 7035 Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE

COPY 5. TSD COPY

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

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Division of Land Pollution Control - Manifest	DO NOT WRITE IN THIS SPACE
ndiana State Board of Health	
.O. Box 7035	
ndianapolis IN 46207-7035	

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Division of Land Pollution Control - Manifest

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Please print or type.	(Form designed for use on elite (12-pitch) typewriter)	Form Appro
P.O. Box 7035 Indianapolis, IN 46207-1	7035	
Indiana State Board of I	realth	

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